

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016503

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 200

Registrar's No. 223

STATE FILE NUMBER

FILED APR 29 1963

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jasper   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jasper                              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Joplin   |  | c. CITY OR TOWN Joplin   |  |
| Length of stay in 1b 50 yrs   |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. Johns Hospital   |  | d. STREET ADDRESS (If outside, give location)<br>217 Virginia Avenue   |  |
| 3. NAME OF DECEASED<br>(Type or print) First LEONARD Middle G. Last WOLFE   |  | 4. DATE OF DEATH Month April Day 20, Year 1963   |  |
| 5. SEX Male   | 6. COLOR OR RACE White   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-23-1885   |
| 9. AGE (last birthday) 77   |  | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Manager Auto Storage   |  | 10b. KIND OF BUSINESS OR INDUSTRY Storage Garage   |  |
| 11. BIRTHPLACE (City and state or country) Galena, Kansas   |  | 12. CITIZEN OF WHAT COUNTRY USA  |  |
| 13a. FATHER'S NAME Joseph Wolfe   |  | 13b. MOTHER'S MAIDEN NAME Mary E. Baldwin  |  |
| 14. NAME OF HUSBAND OR WIFE None  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None   |  |
| 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT Address Joplin, Mo.<br>Mrs. Flora Summers, 217 Virginia.   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Acute Coronary Occlusion          |  |  | INTERVAL BETWEEN ONSET AND DEATH Acute   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) Carcinoma of prostate with metastasis to bones of pelvis |  |  | unknown  |
| DUE TO (c)  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                 |  |  | PART III. If deceased was female was there a pregnancy in last 90 days:<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT - SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>       | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY Hour Month, Day, Year   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION   | COUNTY STATE   |
| 21. I attended the deceased from April 18, 1963 to April 20, 1963 and last saw him alive on April 20, 1963  |  |  |  |
| Death occurred at 10:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.   |  |  |  |
| 22a. SIGNATURE (Degree or title) Floyd M. Burke   |  | 22b. ADDRESS M.D. 607 Frisco Bldg, Joplin, Missouri  | 22c. DATE SIGNED 4-22-63   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial  | 23b. DATE April 24, 1963   | 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery   | 23d. LOCATION (City, town, or county) Webb City, Missouri  |
| 24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon Mortuary, Joplin, Mo.   |  | 25. DATE RECD. BY LOCAL REG. 4-26-1963   | 26. REGISTRAR'S SIGNATURE Dove Merriam   |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

10499

20499

3

4 0

5 0

6

7 1

8 2

9 177X

10

11

12 3-0

13 2-0

JUN 1 2 1961

PR-10  
C-10 PO

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by DAVID DILLON, Jr., Student Embalmer No. 679  
working under my personal supervision.

Student David Dillon, Jr.  
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.